DEPARTMENT OF LABOR AND INDUSTRY BOILER SAFETY COMPLIANCE PROGRAM 13 SOUTH THIRTEENTH STREET RICHMOND, VA 23219

Dear Owner/User:

In our continual efforts to improve upon the quality of our service, would you please take a moment to answer the following questions:

PHONE: (804) 786-3169

FAX: (804) 371-2324

1.	Was the information correct on the Certificate of Inspection?	YES or NO
	Owner/users name and address Location of equipment Date of Inspection	
If NO	O, please explain	
2.	Did you receive all the certificates for all the vessels which were inspected?	YES or NO
If NO	O, please explain	
3.	What form of payment, other than check or money order, would you prefer?	
	Credit Card	
	Debit Card	
	Electronic Fund Transfer	
4.	Is your company's pertinent personnel familiar with Virginia Boiler and Pressure Vessels Rules and Regulations?	YES or NO
If NO	O, please provide mailing address	
		
5.	Was your company satisfied with the service of the certificate inspector?	YES or NO
If NI	D, please explain	
	may use the back of this sheet for further comments. Please indicate the question numberating on.	oer you are

Please return this form to the above address.

Thank you for taking time out to complete this survey, and your interest in public safety.